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, , , ,		Angela M. Rossi			(Depositor's name)				
				-	Jane J	<u>In</u>	2008	(Signature)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVE	NTOR		ATTO.	RNEY DOCKET NO.	CONFIRMATION NO.	
09/980,329 TITLE OF INVENTION	03/05/2002 METHOD FOR CAVI	TATION-INDUCED TI	Alan A. Winde SSUE HEALING WI		OW INTENSITY U		41482/205543 SOUND	9927	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSUE	FEE .	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$0		\$2840		\$1440	08/04/2008	
EXAM		ART UNIT	CLASS-SUBCLAS	ss	\$20-0		21410	00/04/2000	
SMITH, I	RUTHS	3737	601-002000						
"Fee Address" indi PTO/SB/47; Rev 03-0; Number is required. B. ASSIGNEE NAME AN PLEASE NOTE: Unit recordation as set forth (A) NAME OF ASSIG	ess an assignee is identi in 37 CFR 3.11. Comp NEE OGEN, INC.	Indication form ed. Use of a Customer TO BE PRINTED ON The desired below, no assignee letion of this form is NO	registered attorne 2 registered pater listed, no name w THE PATENT (print data will appear on T a substitute for filin (B) RESIDENCE: (i	or type the pa and and a cortype the pa and and a CITY	e firm (having as a r gent) and the names neys or agents. If no printed. e) tent. If an assigned assignment. and STATE OR CO	is ide	e is 3entified below, the do	cument has been filed for	
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